

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	9-945111
	Filing Date	8-31-01
	First Named Inventor	CHARLY KLEIN
	Title	
	Art Unit	
	Examiner Name	
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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26582

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City: **ROSEVILLE** State: **CA** Zip: **95678**

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature: <i>[Signature]</i>	Date: 6/6/04
Name: SUSIL THAKURAN	Telephone: 916 470 7336
Title and Company: PRESIDENT, SPAT PAT LTD	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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